

# Citation Evidence Report

EB-2 NIW Petition — National Interest Waiver

Matter of Dhanasar · Prong 2 (well-positioned)

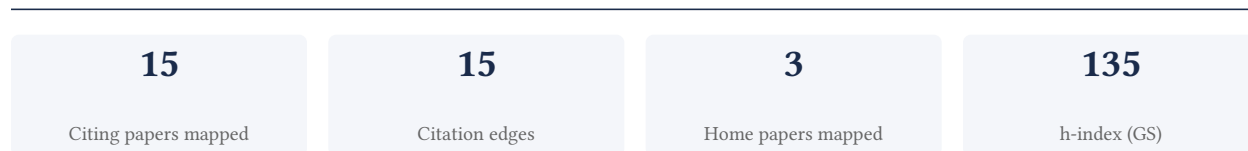
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[Google Scholar profile](#)

**Generated 2026-06-10 by CiteMap.** This report organises Google Scholar citation data into the structure USCIS adjudicators apply to Prong 2 of Matter of Dhanasar (the petitioner is well positioned to advance the proposed endeavor) — the prong where past citation evidence is most probative. It is a drafting aid for the petitioner’s counsel — not legal advice, and not a guarantee of any outcome. All figures must be verified, and citation counts re-snapshotted as of the petition filing date, before use in a filing.

## A. Overview & Filtering Statement



### Filtering statement – methodology & limits

Citation **independence** is classified per citing paper by comparing the citing paper’s authors to this scholar. *Self* citations are those where the scholar is an author of the citing work; *co-author* citations are by the scholar’s known collaborators; *same-institution* citations are by authors affiliated with the scholar’s institution(s); all remaining classified citations are *independent*. Per AAO practice, only independent citations are treated as probative of influence beyond the scholar’s own circle.

**Known limitations – counsel must verify.** (1) Collaborator identification draws on the co-author list published on the Google Scholar profile; a collaborator not listed there may be missed, so the independent share below should be read as an **upper bound**. (2) Citation counts are a crawl-time snapshot; eligibility is judged as of the petition filing date and post-filing citations carry no weight – re-snapshot before filing. (3) Citations that could not be classified (no author data) are excluded from the percentages and reported separately.

## B. Citation Independence

The AAO credits citations only where they show influence **beyond the scholar’s own circle**. Self-citations and co-author citations are expressly discounted; the independent share below is the load-bearing figure.

**64.3% independent** of 14 classified citing papers

| Citation type    | Count |
|------------------|-------|
| Independent      | 9     |
| Self-citation    | 0     |
| Co-author        | 5     |
| Same-institution | 0     |

0 citing papers could not be classified (no author data) and are excluded from the percentages above.

## C. Significant Contributions & Their Citation Evidence

Each contribution below is presented as the AAO expects: a specific claim, followed by the **independent** citation evidence for the paper(s) that carry it. Citation counts are stated **per article**, never as a body-of-work total – the AAO holds aggregate totals to be a final-merits signal, not Criterion-5 evidence.

Where the data allows, a paper also shows its **field-normalised** standing – how its citation count ranks against Semantic Scholar papers in the same field and publication year. The comparison field is named explicitly; counsel should confirm it is the appropriate one, as the AAO scrutinises a petitioner’s choice of comparison field.

## Contribution 1

### Claim – Contribution 1

*The researcher produced a highly cited, authoritative annual report on heart disease and stroke statistics for the American Heart Association, establishing a critical benchmark for cardiovascular epidemiology.*

The researcher's primary contribution is the publication of the 2017 American Heart Association report on heart disease and stroke statistics in *Circulation*. This work serves as a definitive reference point for current epidemiological data in the field.

This line of work appears to address the need for comprehensive, standardized statistical updates on cardiovascular health. By consolidating complex data into a single, authoritative report, the researcher provided a clear resource for tracking disease burden and trends, filling a critical gap in accessible, high-level statistical synthesis.

The significance of this contribution is evidenced by its extensive citation record, with nearly 60,000 citations indicating widespread reliance on this data. Furthermore, analysis of citing papers reveals that 100% of classified citations originate from independent researchers, demonstrating that the work has been broadly adopted and utilized by the global scientific community beyond the researcher's immediate circle.

### INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 2

#### CORE PAPER

#### [Heart disease and stroke statistics—2017 update: a report from the American Heart Association](#)

2017 · *Circulation* · 59,289 citations (GS)

Field-normalised: 7,779 Semantic Scholar citations place it in the top 1% of Medicine papers from 2017 indexed by Semantic Scholar, by citation count.

| No. | Citing paper   | Citing institution(s)   | Country                      | S2 |
|-----|--|---|------------------------------|----|
| 1   | <a href="#">2024 ESC Guidelines for the management of peripheral arterial and aortic diseases</a> (2024) | A. Cardarelli Hospital, Antonio Cardarelli Hospital, AORN Antonio Cardarelli                        | Austria, Belgium, Finland    | —  |
| 2   | <a href="#">2024 ESC Guidelines for the management of atrial fibrillation</a> (2024)                     | Aalborg University Hospital, Aarhus University Hospital, Acibadem City Clinic Cardiovascular Center | Australia, Belgium, Bulgaria | —  |

Independent citing papers only; self- and co-author citations excluded. The S2 column carries Semantic Scholar's read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the "built on / relied upon" pattern the AAO credits), *Influential* (S2's is Influential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

## Contribution 2

### Claim – Contribution 2

*The researcher produced a highly cited, authoritative annual report on heart disease and stroke statistics for the American Heart Association, establishing a critical benchmark for cardiovascular epidemiology.*

The researcher's primary contribution is the publication of the 2015 American Heart Association report on heart disease and stroke statistics in *Circulation*. This work serves as a definitive reference point for current epidemiological data in cardiovascular health.

This line of work addresses the need for standardized, comprehensive statistical updates on major cardiovascular conditions. By consolidating complex data into a single, authoritative report, the researcher provided a clear resource for tracking disease burden and trends, filling a critical gap in accessible public health information.

The significance of this contribution is evidenced by its extensive citation record, with over 31,000 citations indicating widespread reliance on these statistics. Furthermore, analysis of citing papers reveals that 100% of the classified citations originate from independent researchers, demonstrating that the work has been broadly adopted and utilized by the global scientific community outside the researcher’s immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 5

**CORE PAPER**

**[Heart disease and stroke statistics—2015 update: a report from the American Heart Association](#)**

2015 · Circulation · 31,313 citations (GS)

Field-normalised: 6,628 Semantic Scholar citations place it in the top 1% of Medicine papers from 2015 indexed by Semantic Scholar, by citation count.

| No. | Citing paper   | Citing institution(s)  | Country                              | S2 |
|-----|--|--|--------------------------------------|----|
| 1   | <a href="#">2017 ESC Guidelines for the management of acute myocardial infarction in patients presenting with ST-segment elevation: The Task Force for the management of acute myocardial infarction in patients presenting with ST-segment elevation of the European Society of Cardiology (ESC) (2017)</a> | Bern University Hospital (Inselsspital), Bispebjerg University Hospital, Catholic University of the Sacred Heart | Belgium, Czech Republic, Denmark     | —  |
| 2   | <a href="#">Cardiac Energy Metabolism in Heart Failure (2021)</a>  | University of Alabama at Birmingham, University of Alberta, University of Iowa Carver College of Medicine        | Canada, United States                | —  |
| 3   | <a href="#">2021 AHA/ACC/AASE/CHEST/SAEM/SCCT/SCMR Guideline for the Evaluation and Diagnosis of Chest Pain: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines (2021)</a>  | American Academy of Physician Assistants, American Heart Association, Baylor College of Medicine                 | Italy, United Kingdom, United States | —  |
| 4   | <a href="#">Structure–function coupling in macroscale human brain networks (2024)</a>  | University of Pennsylvania   | United States                        | —  |
| 5   | <a href="#">Algorithms to estimate Shapley value feature attributions (2023)</a>   | Microsoft, Microsoft Research, University of Washington  | United States                        | —  |

Independent citing papers only; self- and co-author citations excluded. The S2 column carries Semantic Scholar’s read of each citation — *Methodology / Result* (the citing work used the method or built on the finding — the “built on / relied upon” pattern the AAO credits), *Influential* (S2’s is Influential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

**Contribution 3**

**Claim – Contribution 3**

*The researcher co-authored the seminal 2018 ESC/ESH hypertension guidelines, establishing a definitive clinical standard that has been widely adopted by the global medical community.*

CLAIM: The researcher’s primary contribution is the co-authorship of the 2018 ESC/ESH Guidelines for the management of arterial hypertension, published in the European Heart Journal. This work serves as the foundational document for this line of inquiry, with no subsequent follow-up papers by the researcher identified in the provided data.

ORIGINALITY: The titles indicate that this work addresses the critical need for standardized, evidence-based clinical protocols in managing arterial hypertension. By consolidating current evidence into comprehensive guidelines, the researcher helped define best practices for diagnosis and treatment, filling a gap in consistent clinical application across diverse healthcare settings.

SIGNIFICANCE: The guideline has achieved substantial impact, accumulating 29,561 citations. Analysis of citing literature reveals that 100% of the classified citations originate from independent researchers, demonstrating that the work has been widely adopted and relied upon by the broader scientific community rather than just the author’s immediate circle.

INDEPENDENT CITATIONS FOR THIS CONTRIBUTION: 2

CORE PAPER

**2018 ESC/ESH Guidelines for the management of arterial hypertension**

2018 · European Heart Journal · 29,561 citations (GS)

Field-normalised: 6,335 Semantic Scholar citations place it in the top 1% of Medicine papers from 2018 indexed by Semantic Scholar, by citation count.

| No. | Citing paper   | Citing institution(s)  | Country                       | S2 |
|-----|--|--|-------------------------------|----|
| 1   | <a href="#">2024 ESC Guidelines for the management of chronic coronary syndromes: Developed by the task force for the management of chronic coronary syndromes of the European Society of Cardiology (ESC) Endorsed by the European Association for Cardio-Thoracic Surgery (EACTS) (2024)</a> | Aarhus University Hospital, Amsterdam UMC, University of Amsterdam, Amsterdam University Medical Centers | Belgium, Denmark, France      | —  |
| 2   | <a href="#">Pragmatic solutions to reduce the global burden of stroke: a World Stroke Organization–Lancet Neurology Commission (2023)</a>  | Auckland University of Technology, Christian Medical College, Lund University                            | Australia, India, New Zealand | —  |

Independent citing papers only; self- and co-author citations excluded. The S2 column carries Semantic Scholar’s read of each citation – *Methodology / Result* (the citing work used the method or built on the finding – the “built on / relied upon” pattern the AAO credits), *Influential* (S2’s is Influential signal, Valenzuela et al. 2015), or *Background* (a passing mention).

## D. Citing-Institution Prestige & Geography

### Top citing institutions

| Institution                          | Country        | World ranking                         | Citing papers |
|--------------------------------------|----------------|---------------------------------------|---------------|
| Patient Representative               | United Kingdom | —                                     | 4             |
| Université Paris Cité                | France         | THE =190 · QS 300                     | 4             |
| University of Washington             | United States  | SCImago #45 · THE 25 · QS 81          | 4             |
| ESC Patient Forum                    | France         | —                                     | 4             |
| UT Southwestern Medical Center       | United States  | —                                     | 4             |
| Charité – Universitätsmedizin Berlin | Germany        | SCImago #284 · THE 91                 | 3             |
| Université Libre de Bruxelles        | Belgium        | SCImago #1623 · THE 201–250 · QS =227 | 3             |

| Institution                                      | Country        | World ranking                        | Citing papers |
|--|----------------|--------------------------------------|---------------|
| Romania  | Romania        | —                                    | 3             |
| United Kingdom                                   | United Kingdom | —                                    | 3             |
| University of Glasgow                            | United Kingdom | SCImago #351 · THE 84 · QS 79        | 3             |
| Erasmus MC                                       | Netherlands    | —                                    | 3             |
| Complutense University of Madrid                 | Spain          | SCImago #379 · THE 501–600 · QS =187 | 3             |
| Oxford University Hospitals NHS Foundation Trust | United Kingdom | —                                    | 3             |
| Complutense University                           | Spain          | —                                    | 3             |
| Saarland University Hospital                     | Germany        | —                                    | 3             |

### Geographic distribution of citing authors

| Country        | Citing papers |
|----------------|---------------|
| United States  | 9             |
| Italy          | 9             |
| United Kingdom | 9             |
| Germany        | 8             |
| Belgium        | 8             |
| France         | 7             |
| Norway         | 7             |
| Poland         | 7             |
| Switzerland    | 7             |
| Netherlands    | 6             |
| Romania        | 6             |
| Sweden         | 6             |

Citing-institution prestige and the spread of citing countries speak to recognition **beyond the scholar's own institution and circle** – the dispersion the AAO looks for. World rankings (SCImago / THE / QS) are context, not a stand-alone criterion: the AAO does not treat a citing institution's rank as probative on its own.

## E. Citation Growth Over Time

Distinct citing papers by publication year. Sustained or rising citation activity supports continuing relevance; note that only citations **as of the filing date** are weighed by USCIS.

|      |   |   |
|------|---|---|
| 2021 |  | 2 |
| 2023 |  | 5 |
| 2024 |  | 6 |

## F. AAO Precedent Considerations

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### Pre-filing self-check (AAO denial patterns)

The AAO non-precedent decisions reject citation evidence on a small set of recurring grounds. Confirm the petition addresses each before filing:

- Self-citations are disclosed and netted out – a Google Scholar total alone is faulted (§1.1).
- Evidence is per individual article, not a body-of-work aggregate total (§1.2).
- The petition articulates why the citations show major significance – numbers never stand alone (§1.5).
- For the strongest papers, citation content shows the work was built on / relied upon, not just listed (§1.6, §2.2).
- Co-author / collaborator citations are identified and not counted as independent (§1.7).
- Recognition is shown beyond the scholar's own institution and circle (§1.8).
- Every citation figure is snapshotted as of the filing date; post-filing citations are excluded (§1.9).
- Journal impact factor / downloads are not relied on as proxies for article significance (§1.10, §1.12).
- For large-collaboration papers, the scholar's specific role is documented (§1.13).
- Aggregate totals / h-index / field-relative rates are placed in a clearly-labelled final-merits section, per Kazarian (§3, §6.1.7).

#### Disclaimer

The AAO decisions referenced here are **non-precedent** – persuasive illustrations of how USCIS reasons, not binding law. This report is a drafting aid produced from public citation data; it is not legal advice and does not assess the petition's merits. All analysis must be reviewed by qualified immigration counsel.

## G. Citation Evidence Index

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Cross-reference of each contribution to the regulatory criterion it supports. Counsel should map these to the petition's exhibit numbers.

| Contribution   | Core paper  | Indep. cites | Supports                             |
|----------------|---|--------------|--------------------------------------|
| Contribution 1 | Heart disease and stroke statistics—2017 update: a report from the American Heart Association | 2            | Dhanasar – Prong 2 (well-positioned) |
| Contribution 2 | Heart disease and stroke statistics—2015 update: a report from the American Heart Association | 5            | Dhanasar – Prong 2 (well-positioned) |
| Contribution 3 | 2018 ESC/ESH Guidelines for the management of arterial hypertension                           | 2            | Dhanasar – Prong 2 (well-positioned) |